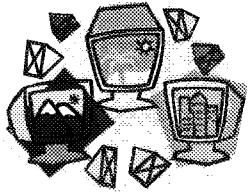


## **JOAN HOVHANESIAN**

Joan Hovhanesian is the Senior Vice President and Chief Information Officer of Shands HealthCare, affiliated with the University of Florida. Shands includes nine hospitals, more than 80 affiliated primary and specialty physician practices, and a medical staff of 1,500 UF faculty and community doctors. She is currently responsible for designing information technology strategy to support corporate strategies.

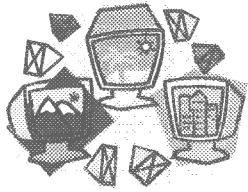
Ms. Hovhanesian has worked in the Health Information Technology industry for 30 years. Her background includes consulting, vendor sales and implementations of major applications. Consulting engagements have included multiple interim CIO roles, development of strategic plans for hospitals and health systems, and implementation of systems and strategies.



# ShandsHealthCare

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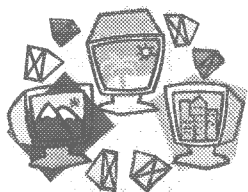
## **Roadmap to Clinical Computing**



# ShandsHealthCare

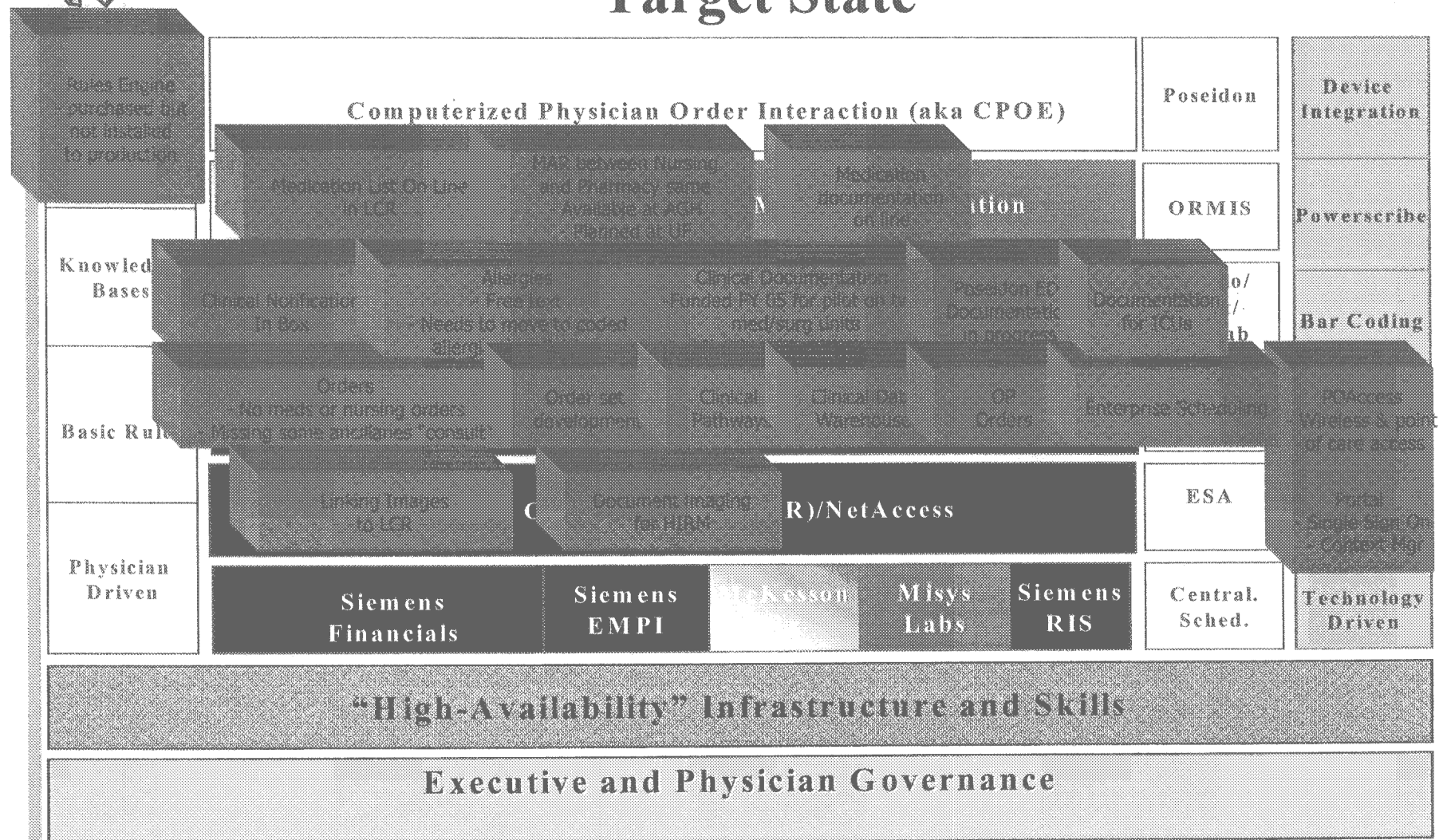
## “Target State”

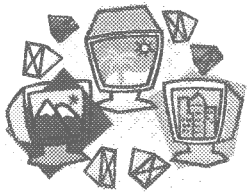
Expert Clinical Rules	Computerized Physician Order Interaction ( aka CPOE)				ED System	Device Integration
Knowledge Bases	Med Dispensing		Meds Administration		OR System	Voice Recognition Dictation
					Cardiac	Bar Coding
Basic Rules					PACs Imaging	Wireless Mobile Devices
Physician Driven					ESA	Portal for Single Sign On
				Labs	Central. Sched .	Technology Driven
“High-Availabilty” Infrastructure and Skills						
Executive and Physician Governance						



# ShandsHealthCare

## “Target State”





# ShandsHealthCare

SHANDS  
HealthCare

Physician's Orders

Patient Name:

MR#:

**Admission Orders for Community Acquired  
Pneumonia – ADULT page 1 of 3**  
(All orders with a ☐ must be checked to be activated)

1. Admit to: ☐ 74 MS ☐ Other \_\_\_\_\_
2. Service: \_\_\_\_\_, Dr. \_\_\_\_\_ attending, pager # \_\_\_\_\_  
Dr. \_\_\_\_\_ resident/intern, pager # \_\_\_\_\_
3. Diagnosis: Community Acquired Pneumonia
4. Allergies: (Substance/Reaction)
5. Vital Signs: ☐ q4hr ☐ q4hr x 48; then q shift
6. Precautions: Aspiration
7. Labs: If not done in ED or admission site; send the following labs:
  - ☒ Pretreatment blood cultures x 2 (different sites) **DO NOT** delay starting antibiotics
  - ☐ Basic metabolic Panel
  - ☐ CBC with Diff
  - ☐ Sputum for gram stain and culture
  - ☐ Other labs \_\_\_\_\_
8. Radiology: Chest X-ray if not done in ED
  - ☐ AP/Lateral Chest X-ray: Evaluate for infiltrate
  - ☐ Portable Chest X-ray: Evaluate for infiltrate
9. Isolation:  
Upper lobe infiltrate or cavity, HIV positive, or immunocompromised patients require respiratory isolations.
10. Diet:
  - ☐ Regular
  - ☐ Encourage PO fluids
  - ☐ Other \_\_\_\_\_
11. Activity:
  - ☐ Head of bed elevated to 30 degrees
  - ☐ Out of bed as tolerated
  - ☐ Other \_\_\_\_\_
12. IVF:
  - ☐ IVF: \_\_\_\_\_
  - ☐ Medlock IV

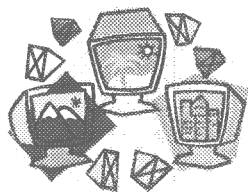
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4



# ShandsHealthCare

SHANDS  
HealthCare

Physician's Orders

Patient Name:

MR#:

Date/Time

**Admission Orders for Community  
Acquired Pneumonia -- ADULT page 2 of 3**  
(All orders with a ☐ must be checked to be activated)

Clinical  
Documentation - Any

ICU  
Documentation

Allergies

Drug to Drug  
Interaction

Rules Engine

Meds in LCR

13. Respiratory:

- ☐ O<sub>2</sub> sat check with VS
- ☐ Pulse Ox (continuous)
- ☐ O<sub>2</sub> \_\_\_\_\_ per NC/face mask; may wean O<sub>2</sub> as tolerated (maintain SaO<sub>2</sub> greater than 92%)
- ☐ albuterol MDI with spacer; 2 puffs every 6hr and PRN; wheezing
- ☐ ipratropium (ATROVENT) MDI with spacer; 2 puffs every 6hr and PRN wheezing
- ☐ Please instruct patient in use of inhaler with spacer

14. Medications: Antibiotics

- ☐ Option 1  
Ceftriaxone (ROCEPHIN) 1 g IV q24hr for 2 days then cefuroxime 500 mg PO BID  
AND azithromycin (ZITHROMAX) 500 mg PO for 1 dose; then 250 mg PO daily for 4 days

- ☐ Options 2  
Gatifloxacin (TEQUIN) 400 mg IV q24hr for 2 doses; then 400 mg PO daily

Adjust gatifloxacin (TEQUIN) for renal dysfunction. Patients with a CrCl of \_\_\_\_\_  
mL/min should receive 400 mg on Day 1, then 200 mg every day, thereafter

- ☐ gatifloxacin (TEQUIN) adjustment: \_\_\_\_\_
- ☐ acetaminophen (TYLENOL) 650 mg PO q4hr PRN pain or Temp greater than 38.5° C (NOT TO EXCEED 4g per day)

Other Antibiotic: \_\_\_\_\_ Indication: \_\_\_\_\_

15. DVT Prophylaxis:

- ☐ A) heparin 5,000 mg subcutaneous every 12 hr
- ☐ B) enoxaparin (LOVENOX) 40 mg daily
- ☐ C) SCDs at all times
- ☐ D) Other \_\_\_\_\_

16. Other Medications:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Clinical  
Documentation

Medication  
Documentation  
on Line

Rules to Check Labs

Medication  
Documentation  
on Line

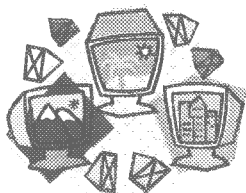
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5



# ShandsHealthCare

SHANDS  
HealthCare

Physician's Orders

Patient Name:

MR#:

Date/Time

Admission Orders for Community Acquired

Pneumonia -- ADULT *page 3 of 3*

(All orders with a ☐ must be checked to be activated)

17. Vaccines:

- ☐ influenza vaccine 0.5 mL IM for 1 dose, on day of discharge (Oct-Jan); document on IPFER  
☐ pneumococcal vaccine (PNEUMOVAX) 9.5 mL IM for 1 dose, on day of discharge; document on IPFER

18. Provide smoking cessation information, if patient smokes; document on IPFER

19. Consults:

☐ PT Indication: \_\_\_\_\_

☐ OT Indication: \_\_\_\_\_

☐ Pharmacokinetics Indication: \_\_\_\_\_

☐ Other \_\_\_\_\_ Indication: \_\_\_\_\_

20. Call House Officer for: Respiratory distress, O<sub>2</sub> sats less than 92%, RR greater than 20, Temp greater than 38.5° C, SBP less than 90 or greater than 180 mm Hg, HR less than 50 or greater than 120.

Clinical  
Documentation

Orders -  
Nursing

Clinical Data  
Warehouse

Medical Record  
Imaging

MD Signature \_\_\_\_\_ MD# \_\_\_\_\_ Pager # \_\_\_\_\_

Orders Transcribed by \_\_\_\_\_ Date/Time \_\_\_\_\_

Orders Verified \_\_\_\_\_ Date/Time \_\_\_\_\_

Attention: Medical Record - Be sure to fax to Pharmacy.  
03

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